



REVENUE REPORT—BAKERY (232/402M)
PERCENTAGES OF WHOLESALE AND/OR RETAIL SALES

BUSINESS NAME _____ Permit # _____

ESTABLISHMENT NAME _____

ESTABLISHMENT ADDRESS _____

CITY _____

ZIP _____

A. Estimated Percent of Retail Sales of Bakery Products _____

B. Estimated Percent of Wholesale Sales of Bakery Products _____

Owner/Preparer Name _____

Owner/Preparer Signature _____ Date _____

Note: This document must be maintained in the establishment's file at the local parish health unit if Retail Sales exceed 50%; this document must be submitted to the Food and Drug/Milk and Dairy Unit if Wholesale Sales exceed 50%. In accordance with RF Memo 2012-04, this form is to be used **only** for firms whose primary business is the production of bakery goods (cakes, cookies, pies, doughnuts, sweet breads, et cetera).